

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Clark Blanchard			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Director of Advance			CB/ID NUMBER			DIVISION OR BUREAU Advance		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento	STATE CA	ZIP 95814						

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
17-Feb	6:00 AM	Sac/Salem, OR	103.40	4.49	10.00	18.00		395.40	Air		12 5.34		536.63
18-Feb	6:00 PM	Salem, OR/Sac			10.00		6.00		RC/Taxi	235.17 237.87			253.87
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
SUBTOTALS			103.40	4.49	20.00	18.00	6.00	395.40	0.00	237.87	12 5.34	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												787.80	\$790.50

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Advance for the Governor's visit to Salem, Oregon to participate in the Klamath Basin
Agreements Signing Ceremony at the Oregon State Capitol building.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

SPGJ014

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240904

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

SIGNATURE OF OFFICER APPROVING TR

PAYMENT

DATE

2/22/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE